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# Medical Missions

## In Theory and Practice

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## IN THEORY AND PRACTICE

*BY EMMA J. CUMMINGS PARK, M. D.*

"All these events were reported to John by his disciples. So he summoned two of them, and sent them to the Master to ask: 'Are you The Coming One, or are we to look for some one else?'" . . . "At that very time Jesus had cured many people of diseases, afflictions and wicked spirits, and had given many blind people their sight. So His answer to the question was: "Go and report to John what you have witnessed and heard—the blind recover their sight, the lame walk, the lepers are made clean, and the deaf hear, the dead are raised to life, the Good News is told to the poor. And blessed is the man who finds no hindrance in Me."

So reads the twentieth century account of the test that the Master Himself gave of His words and work. And yet there has been a strange reluctance on the part of the Church as a whole to accept as a legitimate method of saving souls the ministry to the bodies of suffering humanity.

It is true that a lady physician was sent out to India only six years after Judson began his work, but it is also true that until quite recently the missionary societies have eyed askance the men and women who have offered to lay at the Master's feet their medical knowledge.

We turn back to the early records and learn that the Baptists sent their first medical missionary in 1879, in the person of Dr. Ellen Mitchell, who labored for bodies and souls in Burma for more than twenty years, but still they were not in hearty sympathy with that department of mission work, and as late as 1886 a young physician starting for the field was frankly told by the secretary that she was regarded as rather a dubious experiment, and that the secretary would have preferred to see her go in any other capacity.

However, during her term of five years the tide turned, and when she came home, she was urged to do all in her power to induce others to take up the work that she had perforce dropped, and for nearly two decades the Church has been increasingly alive to the crying need, and the vast opportunities of medical missions.

Consequently it is highly desirable that the home workers should have some comprehensive idea of the exact work done by the medical missionary, and the need met by him or her.

Usually it is "her," and so for convenience' sake this will be written in the feminine gender, for while the male physician fills a most important place, the fact remains that he cannot reach the most needy cases of all, and the very ones most inaccessible to other missionaries of either sex. However, it is to be remembered that in countries such as Africa, where there is no seclusion of the women all that applies to the doctor feminine, applies equally to the doctor masculine.

First, let us look at the physical need. This is of itself a broad field, and it is a significant point for the consideration of those who in these latter days are earnestly seeking evidences of superiority in the great heathen religions of the world, that medical science, like all other sciences, has advanced only in Christian lands.

Such may well ask themselves the question whether that can really be adapted to the needs of the human mind which discourages all research and growth, and in which it is disloyalty to question any of the conclusions reached in the dark ages of the world.

Medical knowledge has made absolutely no progress in any heathen country, and in every one of them the same barbarous practices that were in vogue centuries ago are an inviolable "custom" today, and only the medical missionary realizes fully what that means.

Another thing that impresses one in making a careful study of the subject is the striking fact that peoples as widely separated from each other as the limits of the globe will allow, and separated still further by religions, languages, manner of living, and in almost every other way, have agreed most curiously in their conjectures about the human body, and have reached surprisingly similar conclusions.

In anatomy, perhaps the similarity is not quite so striking, excepting the significant fact that it evidently has not occurred to the mind of the practitioners of any land to adopt the simple method of examing the body, and it is not surprising that in so complicated a structure the conjectures should be equally wide

of the truth, without any marked resemblance. For instance, where India guesses that there are nine hundred bones in the body and has never thought of counting them, China endows the body with five tubes leading from the mouth to the stomach, and gravely teaches that each has an affinity for certain kinds of food. and that if any given article went by the wrong route to the stomach, it would reach the wrong quarter, and trouble would ensue.

In regard to the pulse, one claims too little, and the other too much. India regards that as a separate institution, having no connection with any other part of the body, and it is her boast that she is superior to America in some sorts of medical knowledge because all her doctors can minutely describe twenty-five different sorts of pulse, and no American has ever borne that test. Probably not, but the American does connect the pulse with the heart, which really seems more valuable than a variety of pulses; the American also is free from the idea that the pulse varies with sex, so that one must always feel one wrist in a woman and the other in a man. In my own practice in that country, I found that if I ever reached for the wrong hand there was trouble, and confidence in my wisdom was impaired.

The Chinese doctor, on the other hand, claims too much, and after taking from ten to fifteen minutes to examine the pulse, says he is able to determine from the right pulse the exact condition of the heart, liver, and kidneys, while he obtains equally accurate information about every other organ from the other pulse. One cannot doubt his word that they are equally accurate!

Siam comes to the front with the theory that the body is composed of the four elements, earth, wind, fire and water, and she attributes almost all diseases to a contrary wind blowing from the ears or the top of the head, as the case may be.

Conditions in Africa are tersely described by one who knows in the simple words, "There is absolutely no sane therapeutic knowledge," which ranks it at once with those that have been given.

The great point of similarity is found in the superstitions that abound on the subject. In every heathen country we find a system of charms, etc. Where I used to find a string tied about the upper arm to cure a neglected ulcer on the hand, others have found in Africa the string transferred to the neck, and in China it may be some other locality, but they all agree on the efficacy of a string.

They also agree in the much more distressing belief, that all

nervous diseases and delirium are the work of evil spirits, and consequently the sufferer is abused in order to dislodge the spirit. In Burma and India, the patient is cruelly beaten, sometimes to death, while in China they begin operations by a horrible din, of gongs and drums, kept up all night, and if this fails to soothe the tortured victim, beating is resorted to. In Africa the witch doctors flourish, one of whom appears in hideous clothing, summons the village before him, and, after beating drums and dancing, decides who has caused the illness of the patient. All protestations are in vain, and the chosen victim is put to all sorts of tests, by fire and otherwise, to prove his guilt or innocence.

In the South Pacific islands, a delirious patient is buried alive or starved to death.

In obstetrics, the most needy of all departments, it is impossible to give any adequate idea of the conditions. In every country the women are left in their hour of greatest need to the care of midwives, totally ignorant, whose practices seem calculated with diabolical ingenuity to either sacrifice life immediately, or else to entail lifelong suffering, and in some cases mutilation upon their victims. Often one who lives in the midst of these things and has her heart torn by the unnecessary torture that is inflicted as a mere matter of routine, longs to shriek out to an indifferent world some of the sights that she witnesses, regardless of sensibilities or delicacy, but it is forbidden, and the doctor goes on her way with these things hidden in her heart, often until nerves are wrecked thereby.

It is a real relief to be told of the South American belief that in case of difficulties in these cases, if the midwife rides three times around the house mounted "pickaback" on the shoulders of the husband of the patient, the gods will bring about a happy issue. This has the merit of originality, and to some little extent makes the husband a partaker of his wife's sufferings, for it is a point of honor for him not to refuse the service if it is considered necessary.

When we enter the domain of therapeutics, we find again great similarity, for all lands agree that the more weird, powerful, and nauseous the dose, the more effective it is. India deals less in out-of-the-way preparations, but fully balances the lack by the free use of such poisons as mercury, croton oil and opium. These are administered so recklessly that I have had four women dying with mercurial poisoning brought to me in the space of one week.

China, however, can produce such cases as that of the woman who reported at the Christian dispensary that she "Had eaten

more than two hundred spiders, and a large number of snakes' eggs, without being helped."

China also deals in carcasses of tigers as tonic in their effect, while Korea pins her faith to a strong soup of tigers' bones, among other gentler remedies.

Thibet is milder, if inefficient, as butter is the chief drug employed there, although in addition she dresses a life-sized effigy of the patient in his or her clothes, ornaments and all, then after reading to the image passages from the sacred classics, the people surround it in a wild dance, with incantations, which ceremony is expected to transfer the disease from the patient to the effigy, which is finally burned outside the village. This is so much better than burning the patient, as is done in some countries, that one who has had experience in other methods draws a breath of relief, for the system does at least give nature a chance to throw off the malady without interference, and it inflicts no suffering on the patient.

Would that we could pass over in silence some other practices, but we must mention the custom in India of dissecting up the scalp in extreme cases, packing the place with poisons, and then when the patient dies (and the patient always does die) of folding the hands complacently, and saying, "Well, if that could not save life nothing could." China follows with ground glass put into the eyes, and in other lands there are similar cases too bad to be mentioned. I have myself seen patients rendered blind and deaf by things done in the name of the healing art, and lives sacrificed ruthlessly to "Custom."

The Western mind simply cannot grasp the power of this same "Custom," or understand how the missionary in any part of the Orient dreads to be told of some totally undesirable practice, "It is the custom," for from that argument it is almost impossible to move a native. It is to him unanswerable, and all-sufficient.

If we come to the realm of surgery, the records are too sickening to bear rehearsing. Dr. Scott, of China, tells of one case in which she told a man that it was necessary to amputate his limb, and tried to induce him to stay and let her do it at once. He, however, wished to consult his friends, and did so. When the Chinese doctor heard Dr. Scott's verdict, he said that he could remove a limb as well as she could, so he laid the patient on the ground, took an axe, and chopped off the limb! When the man died, no doubt the operator told the friends that it was the result of following the advice of a foreigner, for it is always the policy of the native doctor to cast discredit on the missionary,

and if her eyes have ever fallen on the patient, to lay the responsibility of a death upon her.

I had an illustration of this once in India, when they brought me a three months' old baby to which a native doctor had given several grains of raw quicksilver, such as is found in the bulb of a thermometer. The baby died before I could even get to the dispensary, but the doctor shrugged his shoulders, and said, "I told you she did not know anything about medicine." And I bore the opprobrium of the child's death!

This phase of the matter brings us naturally to the question of whether the medical missionary has any especial trials and difficulties. Indeed she has, their name is legion, for they are many. It is not only when she has been called in to see one of the victims of native practice too late, but always and everywhere the native doctor opposes her, and does his worst to discredit her work. Also in cases of midwifery, the deposed midwife will stay and criticise every action, and try in every possible way to undermine confidence. Then the doctor not only has to lead a forlorn hope, because precious time has been wasted, and the patient's strength exhausted, but she must be prepared also to work amid a continual muttering and grumbling. My own custom under these circumstances was to go quietly on with what I thought best to do, ignoring the midwife, but if I found that she was really making them believe that I was doing the wrong thing, so that they refused to help me, I would go to the head of the house and say frankly, "Now this woman has been here so many hours (sometimes it was days), and has not been able to help and you have called me, but I cannot work if she is going to sit here and talk about me in this way. You must take your choice between us, if she stays I shall go home, but if you want me to stay, she must go. I never failed to be the one to stay, and moreover I found that it really increased their confidence to have me assert myself. Of course, this must be done as kindly as possible, but it must also be done very firmly.

One can bear this opposition better by reflecting that the native doctors are suffering in the vital point of income through her advent, and that they are really not responsible for the horrors that they practice for they do what they were taught, and act up to their best light; only they afford a striking commentary on the words of the Master, "If the inner light is darkness, how intense must that darkness be!"

Another very real difficulty is the ignorance of the people. One never can be sure that one word of what is told about a patient is true. Knowing nothing of the body, the people attach

no significance to the questions of the doctor, and answer literally at random, so that the only safe rule is to see the patient if possible, and then believe what seems probable of what one is told. This leaves much to be desired in the way of accuracy, but it is the best and only thing to do.

Another serious difficulty is the fear of the people, even while one has keen sympathy for it. Here again one cannot blame them, in the light of the knowledge of what they suffer at the hands of their own doctors; one may smile, but must not reprove when, for instance, a man disappears with a wild shriek on the production of a stethoscope to sound his lungs. Howbeit one may find it very hard to coax him back, for truthfulness is emphatically not a heathen virtue, and the man's faith is taxed to the utmost to believe that that harmless instrument can be used without injury to him.

Superstitions are a still more fruitful source of trouble. What is a doctor in Africa to do when there is a patient at the hospital critically ill, and yet with a fair chance of recovery, if the friends become alarmed, and steal him away to die at home, as it is unlucky to die away from home? Of course the patient dies, and the doctor's prestige is injured by just so much.

In Assam friends of a patient are perfectly willing to furnish a bull to sacrifice for the life, but when it comes to bathing the patient, who perhaps is burning up with fever, that is supposed to be fatal, and again what can the doctor do?

In India there is another horn of superstition which is equally painful. There they believe that the doctor is an ex-officio priest, and endowed with supernatural powers, and the same are attributed to the missionary if she wins any confidence at all. Now it cannot be denied that it is strictly logical to think that if by some magic a doctor can cure in a fortnight if she would turn on a little more she could cure in a day, but it is very embarrassing to be required, as I have been, to cure a case of well-established inflammatory rheumatism in half an hour, so that the patient could start and walk back to her home at once! In that case they had brought the woman on a cot fifty miles, and it was hard telling who was the more disgusted, she because the pain was not relieved, or the men that brought her because they must carry her back instead of her walking. Yet it was impossible to coax them to leave her, and the whole party departed calling down anathemas on my head for my unaccommodating disposition.

Another missionary had a case of a man with a partially paralyzed tongue. He came one day, then came again the second

day saying that he had taken the medicine twice and was no better, so he would not come again.

One does wish in such cases that the old power of healing by a touch or a word was still given, and yet a thoughtful person can see why it would not be wise if that gift were bestowed today, for the things that the heathen world can see today in medicine are the strongest arguments for the sciences that they cannot see, and also against their various superstitions. The physician who has demonstrated that the native doctor is wrong is in a position to say with effect, "You see we did know about this, now can you not believe, for instance, that the earth is round, and not as described in the Hindu literature, a pyramid mounted on the back of a tortoise, which tortoise is one of the ten incarnations of Vishnu?" It is apparent even to the ordinary mind that the gift of miraculous healing under such conditions as have been described would simply confirm the native belief in magic, and at best raise their superstition one step instead of refuting it.

Perhaps the question arises whether the people will come to the medical missionary, whose methods are so diametrically opposed to those of the native doctors. Well, statistics are a fair criterion, look up the records, and read that in Dr. Leslie's dispensary in Africa, 17,578 were treated in one year, while Dr. Catharine Mabie reports from that same country 12,010 patients in five months. Those figures look as though even ignorant heathen could appreciate a good thing when they see it. Read of Dr. Mitchell's 1,200 cases, of sixteen different nationalities, in one year, or of 3,764 dispensary patients in a dispensary in India, with 271 calls at the homes; then think of the amount of relieved suffering that this represents. Think of the child wives and mothers who in their hour of extremity would have died of intolerable pain, and try to conceive what it was to them to have a kind faced stranger come, with loving looks and gentle skilled touch to minister to them, and give them as much of comfort in their lives as the Hindu system of religion allows. Then remember that but for that same stranger there would be no possible help for the child sufferers.

Contrast the man in China who went to a native doctor for a trouble with his eyes in which he said that he could discern shadows and light, but not objects, and whom the native treated by puncturing the eyeballs, "To let in more light," with the nineteen cases of cataract cured by surgery in Burma, and judge whether from a merely philanthropic standpoint the medical missionary's work is of light importance.

And what shall we more say? For the time fails us to tell of Dr. Benjamin in Nellore, with her 4,144 cases in five months, her women and children "From every class, high and low, caste and outcaste, Mohammedans, heathen and Christians." Of Miss Gerow, who has not only helped take care of cholera patients and assisted Dr. Benjamin, but has also helped care for six of the missionaries who could not be cared for in their stations. Of Dr. Levering, at Secunderabad, working for an hour and a quarter over one of the school children brought and laid in her own bedroom; and working until the life is given to her toil and prayer. Of Dr. Graham in Palmur, spending frequently whole nights in one of the noisome native huts, bending over a woman, and saving her life, and thereby winning the confidence of all about her. Of Dr. Stait at Udayagiri, in the Etta Waterbury hospital, treating patients who come from anywhere within a radius of sixty miles. Of Dr. Breed of Nalgonda, struggling with the language that she may be able to minister to soul as well as body. Of Miss Wagner, training native nurses to bear their share of the burdens, and joyfully telling of one of her patients who prayed in her last hours, "God be merciful to me a sinner." Of Dr. Mabie in Africa, wrestling with the dread "sleeping sickness," treating nearly 10,000 cases in the dispensary, and at the same time devoting two or three hours a day to teaching in the training school. Of others who have wrought as long as strength endured, and passed on to their exceeding great reward. They have given of their talents, education, strength, have relieved suffering, have won many to Christ, have endured opposition, overcome superstition, conquered ignorance, have loved their neighbors better than themselves, of whom the world is not worthy. And these all, having obtained a good report through their faith and their works, shall win their reward in the salvation of the souls among whom they labor.

## MEDICAL MISSIONS AN EVANGELIZING AGENCY.

We come now to the most important consideration of all: Mission funds are given for the sole purpose of evangelizing the world, and any method must stand or fall by the test of the question. Is it truly an evangelizing agency? I think it is safe to say that few if any of those who have engaged in this work have ever forgotten that their call was primarily to minister to souls, and that everything else must be subordinated to that. There is sometimes a very real temptation to forget this, in the press of work, the clamor for physical relief from those who are

hardly conscious that they have souls (indeed in many countries the women are taught that they have none), and in the exhaustion of excessive labor, but the dear Lord who calls will keep; and there comes to the missionary the overwhelming thought, especially in the lands where the women are secluded, that as she is the only one who can give physical health, so she is the only one to whom is entrusted for that soul the leaves of the tree of life, which are for the healing of the nations. As she realizes the awful darkness that surrounds her, it very soon typifies the darkness of soul that is so intense as to be literally a darkness that may be felt. Then, too, as she comprehends the wail of physical anguish that ascends like a cloud of smoke from every heathen land, and the utter inability of the native doctors to give relief,—and indeed how much worse than useless they are, often adding to the torture that they profess to cure,—there comes a fresh conviction of the spiritual truth of that most sarcastic passage in Isaiah, "He feedeth on ashes: a deceived heart hath turned him aside, that he cannot deliver his soul, nor say, Is there not a lie in my right hand?"

Then there comes a divine longing to substitute for those ashes the Living Bread that came down from heaven, and the missionary rises superior to the physician; or perhaps it would be putting it more truly to say that the physician's instinct is aroused in another line, and she cries from the depths of her soul, "Why should ye be stricken any more? . . . The whole head is sick and the whole heart faint. From the sole of the foot even unto the head there is no soundness in it; but wounds and bruises and putrefying sores: they have not been closed, neither bound up, neither mollified with ointment." And then, with a burst of thanksgiving for the message that she bears, she speaks for her King and tenderly beseeches them to come unto Him who forgives all their iniquities, who heals all their diseases, who redeems their lives from destruction, and who longs to crown them with loving kindness and tender mercies.

How does the medical work help in this? In many ways. In the first place it gives confidence and gratitude, besides giving access to many who could not be reached in any other way. Not only in India, where the women are secluded, but in other lands, there are doors that are rigidly closed against all other missionaries which swing wide open for the doctor, and indeed it is no small advantage of itself to enter a home in response to an invitation instead of on sufferance. But often the only Christian foot that can pass one of those thresholds is that of the physician, and further the woman who has been delivered from her agony

is the woman that is ready to hear the dear old story of salvation from her savior, and to be convinced that she has a soul.

Then one of the things, that has been mentioned as a hindrance, is a help as well, *i. e.,* the belief that the doctor has magical powers. However much one may combat it, the fact will remain that the people will insist on raising the medical missionary to a pedestal not shared by the others, and from that unwelcome pedestal the word descends with a power that is real no matter how much one deprecates it. In India, it is the custom to offer actual worship to the doctor before he undertakes a case, indeed, he requires it. For a long time I did not understand this, and was at an utter loss to know why the people would insist on offering me the same, and after I did understand, it was some time before I learned how to meet it; but at last the right word was given me, and I said to a man one day who came to worship me because his wife had been restored to health, "Look here, if I knew that you had no food at your house, and sent my coolie there with a bag of grain, would you fall down and thank the coolie?"

His immediate reply was, "No, it would be your grain and your coolie, and I would come here and thank you."

"Very well," I said, "just understand that my skill is not mine but Jesus Christ's, and the medicine is His, and I am His, nothing more than His coolie. He knew that you needed help, and sent me, now I want you to come and thank Him, not me."

It was an illustration that he could grasp, and the one that I always used afterward, and Paul never exulted more in his title of the "bond servant of Jesus Christ," than I in mine of Jesus Christ's coolie.

### ADVANTAGES OF THE DISPENSARY AND HOSPITAL.

But apart from the private patients, whose needs, both physical and spiritual, are often the greatest, the dispensary also affords a wonderful opportunity for evangelistic work. Practically the same methods are adopted in all lands. The dispensary is opened with prayer, Bible women and preachers are in attendance, and to the waiting throngs Christ is preached in all His fulness. Tracts and scripture portions are given to those who can read, and in every possible way it is impressed on the people that all that is done there is done in the name and power of Christ.

In the hospitals the opportunities are still greater, for there the patients are watched over day and night, and the word can

be dropped just at the moment when the heart is most receptive, and many who enter heathen depart Christians.

In "Rex Christus" we find these words, "Healing is only a small part of the physician's work. Systematic preaching and teaching in the waiting-rooms, and especially in the hospital wards, are perhaps universally practised. When patients have most time on their hands, and when their hearts are peculiarly opened, Christian teaching readily finds entrance. The same persons constantly return, bringing their relatives and friends, and thus the circles of influence perpetually widen.

"In the poor man's home, where the newly born girl baby is not wanted, the woman physician does the work of an evangelist by telling of a heavenly Father's love for even this tiny babe.

"To the crowd on the street, where a woman has taken poison and thrown herself on the doorstep of an adversary to die, she tells the story of redeeming love. Many a sufferer turns to kiss the shadow of these Santa Filomenas as it falls upon the wall in hospital or home."

In India we read of a caste woman who was admitted to one of our hospitals for an operation. She stayed there a month, and was healed in soul as well as body, so that she went out singing, "Who healeth all my diseases, who forgiveth all my iniquities." Nor was this all, for while she was there she was visited by about fifty of her relatives and friends, all of whom heard the gospel and many of whom were persuaded to attend the church services. And the doctor has a right to believe that the word sowed shall not return void unto Him who gave it, but shall yet bear fruit, even unto eternal life, for these who heard because she was a physician as well as a missionary.

"By their fruits ye shall know them" is a safe rule. Is it a small fruit, or one costing too much, that in the Nellore hospital thirty heathen patients were admitted within four months, all but one of whom were converted while there? Home workers would be pretty well satisfied with such results.

From China comes the word, "Scarcely a day passes that I do not hear of some new cases of religious interest among the patients."

And another writes from the same country, "We make it a special point to allow no patient to go from the dispensary or hospital without hearing the story of redeeming love."

From Burma Dr. Henderson writes, "Medical work has a value all its own in fighting superstition. . . . Curing these ailments (mentioned before) proves either that the doctor can drive

away these evil influences, or that after all it was only disease as he said."

In my own experience I can recall a family where Bible women, preachers and missionaries had been refused admission, as no Christian was wanted there, but when dangerous illness came, the doctor was wanted, and she entered a wide open door. Acccording to American standards no great skill was needed, but to the people what was done that day was an absolute miracle, and pain was immediately relieved and a life saved. The result was that the men of the family (which was of a high caste) offered their house as a place for Christian preaching, and still more amazing went out beforehand to all those of their own caste in the village, when the doctor was coming to talk, and invited them to come and listen.

To my still further astonishment, they would allow the women of the family to come where they could hear, too. Then one would come to meet me with every mark of respect, and escort me to his house, and, when I was through, the head of the family would accompany me a little way down the road in true Oriental courtesy. When finally he told me one day that every idol had been swept from the house, and that every one of the eighteen members of the household was praying morning and evening to Jesus Christ alone, with irrepressible gratitude I returned thanks that to me had been given such an honor and such a blessing.

Such instances could be multiplied indefinitely from the life of almost any medical missionary, but surely enough has been given to prove that this branch of the work has a value all its own, and a value that no other line represents.

Let us sum it all up. In the first place, we may conclude that our Lord knew the human heart, and that it was out of that knowledge, and not arbitrarily or thoughtlessly that He coupled with the command to preach saying, "The kingdom of heaven is at hand," the other command, "As ye go heal the sick." And it does seem as though a peculiar blessing had followed those who in these latter days have obeyed the double command literally and unquestioningly.

### THE APPALLING NEED.

But the need is still appalling. In a leaflet on the subject Dr. Witter states that while in this blessed Christian land we have 4,000 trained physicians to every 2,500,000 people, in heathen lands there is only one medical missionary to be found for the same number.

Medical missions have so demonstrated their practical value that all the societies are anxiously seeking new recruits for that work, but the pity is that among the many young doctors in this favored country, in search for position, for distinction, for money, very few either hear or heed the call. And yet the missionary call for help comes across the waters with more startling distinctness every year, as the conditions are better known, and the wail is all the more pathetic because it is inarticulate. The same women who seek in vain for help from their gods and whose inarticulate cry for spiritual life comes ever into the ear of their Redeemer as well as ours, cry also for healing in the name of their inexpressible sufferings.

In the name of the Great Physician we pray you to hearken to the cry that we interpret for those who do not know how to ask for themselves. In His name will you not give to these the blessing of health, of comfort, of life itself, yes, even of eternal life?

Some who read this may feel absolved from responsibility by the fact that they are not physicians, but every one can do something to meet this need. Some can furnish an education to those who are ready to go, but have not the means to educate themselves. Some can build hospitals, which are not the expensive structures familiar in this country, but often cost only a few hundred dollars, rarely as much as an automobile, and the hospital may be more to the glory of God than the automobile. Others could pay for a single bed in a hospital, and all can pray for this department.

So far the inarticulate cry has fallen to a great extent on deaf ears, and the appeals of the missionaries for just one doctor in Assam, for three more in anguished India, for tiny hospitals and diminutive dispensaries, all go unheeded while the Church of the living God goes on its selfish way, laying up for itself treasure upon the earth which moth and rust will most surely corrupt, and caring little or nothing for the treasure in heaven which no thief can break through and steal.

Pray ye therefore that the Lord of the harvest will send forth laborers into this section of His vineyard, and having prayed, remember the old adage that God helps those who help themselves, and ask Him to show you what you individually can do to meet this terrible need, and to so enter into His labor and effort here that at the last you may have abundant entrance into His exceeding joy as there pass before Him in glad review those who have been redeemed by His blood out of every kindred, and tongue, and people, and nation.